

# **The Annual Homeless Assessment Report**

## **Frequently Asked Questions**

January 2005





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# **The Annual Homeless Assessment Report:**

## **Frequently Asked Questions**

Over the past several years, Congress has directed the U.S. Department of Housing and Urban Development (HUD) to assist local jurisdictions in implementing Homeless Management Information Systems (HMIS) and in using data from these systems to obtain an unduplicated count of homeless persons, analyze local patterns of services usage, and assess local service needs. To help meet this directive, HUD contracted with Abt Associates Inc. and the University of Pennsylvania's Center for Mental Health Policy and Research (the Abt/UPenn team) to produce the nation's first Annual Homeless Assessment Report (AHAR) to Congress. Work on the research project began in July 2002 and is progressing rapidly.

Abt Associates and University of Pennsylvania staff have compiled a list of frequently asked questions (FAQ) regarding the AHAR and related HMIS activities. This list of questions and answers is intended to provide communities with an initial reference guide to the AHAR research project, the national data standards, and other HMIS issues. The list is organized into five sections:

- overview of the AHAR research project
- national data standards
- timeline for the AHAR research project
- expectations for communities participating in the AHAR research project
- technical assistance to communities participating in the AHAR research project and other information

Some of the following questions address issues that are specific to communities participating in the AHAR research project. The answers to these questions provide useful information regarding a major HUD-sponsored research project focusing on the nature of homelessness in the United States and will likely interest all communities. These answers may also provide all communities with a better understanding of HUD's expectations regarding HMIS implementation.

### **Overview of the AHAR Research Project**

#### ***1. What is the goal of AHAR research project?***

The HUD-sponsored research project will analyze HMIS data collected from a nationally representative sample of 80 communities in the United States. The goal of the research is to produce an unduplicated count of homeless persons within each of the 80 communities and, on the basis of that information, develop a descriptive profile of the homeless population using services provided by Continuum of Care (CoC) members throughout the nation. The results of the research will form the basis of the nation's first AHAR to Congress in 2005.

The information will be presented in the AHAR for the nation as a whole and by broad categories such as region of the country and size of jurisdiction.

## ***2. Who is participating in the research project?***

There are 80 jurisdictions (or sample sites) located within 71 Continuums of Care participating in the research project. This constitutes the nationally representative sample (see Table 1 on page 11). Most of the jurisdictions are central cities (42), a few are other cities with more than 50,000 people (9), some are urban counties (15), and several jurisdictions are in rural areas (14). The jurisdictions are regionally distributed, with 17 in the Northeast; 22 in the South; 19 in the Midwest; and 22 in the West. Altogether, the jurisdictions contain 40 million people or more than 14 percent of the U.S. population.

## ***3. How were the 80 sample sites selected?***

The selection of a nationally representative sample relied on Community Development Block Grant (CDBG) jurisdictions as the primary sampling unit. All 3,142 CDBG jurisdictions within the 430 CoCs in the 50 U.S. states (as of 2002) were considered for the national sample, and 80 jurisdictions were selected for participation in the study.

The selection of the 80 jurisdictions proceeded in three phases. First, since prior research on homelessness indicated that the rate of homelessness varies by type of geographic area, the 3,142 CDBG jurisdictions were grouped into four categories based on established CDBG funding classifications: central cities, other cities larger than 50,000, urban counties, and rural areas.

Second, 18 jurisdictions (among the 3,142 CDBG jurisdictions) were selected with “certainty.” These sites were intentionally selected for two reasons. Because the size of the population across CDBG jurisdictions is skewed, with a few very large jurisdictions covering areas where several million people live, selecting very large jurisdictions with certainty will improve the statistical accuracy of the national sample. In addition to their overall size, prior research has found that homeless people are disproportionately located in central cities. This is another reason for including large central cities with certainty in the sample. This will not inflate the national estimate of the number of homeless people, but it will make both the national estimate of homelessness and the descriptive profiles of the homeless more accurate.

Third, to select the remaining 62 sample sites, the remaining 3,124 CDBG jurisdictions were divided into sixteen groupings based on the four types of geographic areas and the four Census regions. The 62 sampled—or non-certainty—sites, were randomly selected from within these groupings.

## ***4. Will the intentional selection of the largest CDBG jurisdictions bias the results or possibly misrepresent homelessness in rural areas?***

Selecting a CDBG jurisdiction with certainty means the CDBG jurisdiction will only represent itself in the sample estimates. That is, the data collected for a certainty site cannot be used to make generalizations about the nature of homelessness elsewhere in the country, but rather can only represent the characteristics of homeless persons in the jurisdiction itself. Because certainty sites can only represent themselves, there is no danger of misrepresenting or under- or over-estimating homelessness in suburban areas, rural areas, or in other central cities.



**5. *Do sample sites with no homeless service providers stay in the sample?***

Yes. Sample communities that do not have any homeless service providers stay in the research sample and, for statistical purposes, simply represent other communities across the country that similarly do not have any homeless service providers. These sites will not be asked for data. However, if a homeless service provider becomes operational within the jurisdiction in the future, data will be requested at that time from the sample community.

## **HMIS Data and Technical Standards**

**6. *How did HUD develop the national data standards?***

The development of national HMIS data and technical standards began in August 2002 when HUD convened a two-day expert panel to discuss the content and format of the standards. The panel included local practitioners and researchers who for many years had been involved in the development of homeless management information systems. It also included federal agency representatives from the Department of Health and Human Services, the Department of Labor, the Veterans Administration, the Interagency Council on the Homeless, and the Census Bureau, as well as representatives from homeless advocacy organizations such as the National Alliance to End Homelessness, the National Coalition for the Homeless, and the National Network to End Domestic Violence.

Based on this 2-day meeting, the draft HMIS notice that outlined the proposed data and technical standards was developed over an eleven-month period. After internal HUD review, it was released in July 2003. A 60-day comment period followed the release of the draft notice. HUD received 167 letters about the notice, representing an even larger number of organizations and individuals as multiple entities signed onto a single letter.

Individual comments contained in these letters were entered into a database (some letters contained comments on 20 or more different topics). The comments were sorted by type (for example, putting all comments related to race and ethnicity together), reviewed and analyzed. In all, more than 1600 comments were entered and analyzed.

Based on public input and further consultation with Expert Panel members the final notice was released in July 2004 and went into effect on August 30, 2004.

**7. *What is the difference between universal and program-level data elements?***

As discussed in the final notice, universal data elements are to be collected from all clients served by all programs reporting to the HMIS. Universal data elements are needed for CoCs to understand the basic dynamics of homelessness on the local level and for HUD to meet the Congressional direction for an unduplicated count of homeless service users at the local level and a description of their characteristics. Altogether, there are 14 universal data elements (11 require data entry and 3 are computer-generated).

Program-level data elements are elements to be collected from clients served by programs—federal, state or local—that include an assessment of the client’s needs as a basic element in their provision of service. That assessment elicits key information used to plan service delivery, in some cases to determine



eligibility for services, to track the provision of services, and to record outcomes. Program funders may require the collection of certain program-level data elements as part of their annual reporting requirements. There are 17 program-level data elements (all require data entry). Eleven program-level data elements are needed to complete Annual Progress Reports (APR) for certain HUD McKinney-Vento Act programs.

In the future, much of the information to be included in APRs will be derived from HMIS data. This will be possible since guidelines for reporting to the APR will reflect the data standards set forth in the final notice.

#### ***8. Who is expected to participate in HMIS and comply with the data standards?***

All recipients of HUD McKinney-Vento Act program funds are expected to participate in an HMIS. These programs include Emergency Shelter Grants, Supportive Housing Program, Shelter Plus Care, and Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO). Housing Opportunities for Persons with AIDS (HOPWA) projects that serve homeless persons are expected to, and strongly encouraged to, participate in the area's HMIS.

In addition to these HUD-funded programs, HUD is encouraging participation by all other programs that serve homeless persons, and especially other federally funded programs.

#### ***9. Why is it necessary to collect Social Security Numbers and other personal identifying information?***

The collection of a client's Social Security Number (SSN) and other personal identifying information is required for *two* important activities. First, unique identifiers are key to producing an accurate unduplicated count of homeless persons. This is particularly critical among jurisdictions that do not share data and are, therefore, unable to use a Personal Identification Number to deduplicate (at intake) across all the programs participating in the CoC's HMIS. Where data are not shared, CoCs must rely on a set of unique identifiers to produce an unduplicated count once the data are sent to the CoC or central server. Name and date of birth are useful unique identifiers, but these identifiers by themselves cannot be used to produce an accurate unduplicated count of homeless persons since names change and people share the same date of birth. The addition of the social security number greatly improves the accuracy of deduplication.

Second, one of the most important applications of HMIS data is the ability to link HMIS data with mainstream administrative databases. Our current understanding of homelessness, service use, and gaps in the service system has been greatly improved by studies that link homeless data with welfare, public health, housing, criminal justice, and other administrative records. The process of linking two databases, however, requires a common set of unique identifiers in each database. That is, name, SSN, date of birth, and gender collectively act as the "bridge" across the two (or more) databases that programmers use to merge files together. Without these unique identifiers it would be extremely difficult to merge homeless data with other data sources, and would therefore severely restrict the broader applicability of HMIS data.

Communities that choose to share their data with researchers or other entities outside of their communities for the purposes of merging HMIS data with mainstream administrative databases are expected to develop data user agreements to provide for the protection of the confidentiality of the data.



Also, the use of HMIS and administrative data will be subject to state and local privacy laws governing the disclosure of information.

#### ***10. How are program entry and exit dates defined?***

*Program Entry Date.* For a shelter stay, this date would represent the first day of residence in a shelter program following residence outside the shelter or in another program. For example, the first date of service is the date a person is admitted into a shelter, after residing in an abandoned building, staying with relatives, or living in another setting the night before. It may also represent the first date of residence in a transitional program after transferring from an emergency shelter program. For services, this date may represent the day a service was provided, or the first date of a period of continuous service. For example, if a person receives daily counseling as part of an ongoing treatment program, the first date of service is the date of enrollment in the treatment program. Any return to a program one day or more after the last date of program use must be recorded as a new program entry date. The same logic applies to treatment programs that are scheduled less frequently than a daily basis. For example, if a person receives counseling once a week, any return to a program one week or more after completing the program or a termination of the program by the user or provider of the treatment must be recorded as a new program entry date. The termination can be a formal termination or a failure of the user to return for counseling.

*Program Exit Date.* For a shelter stay, the exit date would represent the last day of residence in a shelter program. For example, the last date of service for an emergency shelter would be the day the person left the shelter to move into permanent or transitional housing or failed to return to the shelter. For services, this date may represent the day a service was provided or the last date of a period of continuous service. For example, if a person has been receiving weekly counseling as part of an ongoing treatment program and either formally terminates their involvement or fails to return for counseling, the last date of service is the date of the last counseling session.

## **Proposed Timeline for the AHAR Research Project**

#### ***11. What is the timeline for the research project?***

The first AHAR will be based on information collected for a three-month period, from ***February 1, 2005 through April 30, 2005***. The research team will work with participating sites to produce aggregate data from that 3-month period during May and June 2005. The first AHAR report will be completed by December 2005. Subsequent AHARs will each cover a 12-month period.

The original AHAR project schedule was adjusted following a delay in the release of the final HMIS Data and Technical standards.

#### ***12. What happens if a sample site is not fully implemented and collecting data by February 2005?***

There is *no penalty* whatsoever for sites that are not fully implemented and collecting data by February 2005. HUD has clearly recognized that HMIS implementation and data collection is an iterative process that will steadily evolve as communities become more experienced with HMIS. The Abt/UPenn team and



HUD's technical assistance providers will continue to work with these sites to complete their implementation and begin data collection.

## **Expectations for Communities Participating in the AHAR Research Project**

### ***13. What will sample sites be expected to do?***

Participating sites are expected to:

- designate a lead contact person to coordinate activities with the Abt/UPenn team.
- recruit service providers within the targeted sample site to participate in the HMIS.
- implement final data standards and, where applicable, retrofit existing systems to become compliant with the final notice.
- work with service providers to ensure compliance with the data standards.
- conduct regular data quality checks.
- participate in conference calls with Abt/UPenn research staff to discuss the status of HMIS implementation and data collection, and address any issues or concerns as needed.
- prepare a local HMIS report for submission to the AHAR.

The Abt/UPenn team will be available to assist sites with each of these expectations.

### ***14. What is the local HMIS report?***

The local HMIS report will contain multiple table shells (or templates) that will describe the homeless population in the sample site using the universal data elements.

The table shells will consist of aggregated data. The aggregated data, in turn, must be based on an unduplicated count of homeless persons in the sample site and reflect counts of homeless persons using reliable and acceptable extrapolation techniques (see next question for more information on extrapolation). If requested, the Abt/UPenn team will be available to assist communities in producing the unduplicated count of homeless persons and applying the extrapolation procedures. Alternatively, communities can submit client-level data, and Abt/UPenn project staff will be responsible for producing the unduplicated count of homeless persons and applying the appropriate extrapolation procedures. If this option is chosen, the client-level data must contain all the necessary data elements needed to produce the AHAR table shells, and the site must sign a research agreement with Abt/UPenn providing for the protection of the confidentiality of the data.

### ***15. Will communities that are not part of the AHAR research project be expected to develop a local HMIS report and how will the Annual Progress Report (APR) relate to the HMIS?***

HUD will likely request a local HMIS report from all communities based on the universal data elements and modeled after the basic sample site tables that are under development.

All HMIS communities will eventually use the HMIS to produce and submit an electronic APR for projects receiving HUD's McKinney-Vento funding through the Continuum of Care and Emergency Shelter Grants Programs. However, in the short-term HUD has issued an Interim APR. Future changes





in the APR will be undertaken after extensive consultation with affected grantees and HMIS system administrators. HUD is sensitive to the need for adequate time to reprogram HMIS systems to produce a revised APR.

#### ***16. What are extrapolation procedures?***

Extrapolation procedures are used to obtain estimates of the number of people using homeless services in a jurisdiction when some of the providers have not yet started participating in the local HMIS. Extrapolation is needed to ensure that the number of people using homeless services is not underestimated because some providers did not provide information on the number of people they served. For example, if 50 percent of the Emergency Shelter beds in a jurisdiction are covered by HMIS, a simple extrapolation procedure would be to double the count of homeless from the beds that are covered by HMIS to arrive at an estimate of the total number of Emergency Shelter users in the jurisdiction.

#### ***17. How should sample communities deliver HMIS data for the AHAR?***

Regardless of whether a community chooses to submit aggregated or client-level data, all data should be delivered electronically to Abt/UPenn project staff. Aggregated data should be compiled and recorded within each table shell, which will either be in Microsoft Word or Excel, and all the table shells should be submitted electronically to project staff. Client-level data should be exported from the HMIS application into a tab-delimited format to give Abt/UPenn researchers the ability to generate aggregate data for the AHAR table shells. Access to client-level data will be restricted to the entities specified in the data user agreement. All the aggregated data will be sent to HUD.

Transmission of the aggregated data can be done via email or saved on a diskette/CD and sent via standard postal mail. The delivery of client-level data must fully comply with the privacy and confidentiality standards set forth in Chapter 4 of the final notice regarding the electronic transmission of data.

#### ***18. Will the requested data cover the entire Continuum of Care, only the sample site, or both?***

For the purposes of the first AHAR, all participating communities must submit data that, at a minimum, covers the sample site selected in the nationally representative sample (please refer to Table 1 for the list of sample sites). In some cases, the selected geographic area is coterminous with the CoC (e.g., the City of Chicago and the Chicago CoC), and thus the data will reflect the characteristics of homeless persons throughout the entire CoC. In other cases, the selected geographic area constitutes a smaller jurisdiction within the larger CoC (e.g., Great Falls and the State of Montana CoC), and thus the data will only reflect the nature of homelessness in Great Falls.

In the latter case (where the sample site is a smaller jurisdiction within the larger CoC) the CoC may choose to submit data for the entire CoC or even the entire state (where applicable). However, the CoC- or state-wide data *must be* submitted as a separate report from the sample site report. It is very important that the data for areas outside the sample site be submitted separately from the sample-site data, because only the data from the sample site can be used to make generalizations about homelessness in places for which we do not have data. Likewise, CoCs that are not part of the sample (i.e., no sample sites within the CoC) may also submit data for inclusion in the AHAR report. The data for areas beyond the CDBG jurisdictions selected for the sample will be used to represent homelessness in that specific area for the national estimates, but cannot be weighted to represent other jurisdictions. We will adjust the weights on



the sample sites to take into account the data provided for non-sample areas. This will ensure statistically reliable national estimates.

### ***19. Do sample sites need to achieve a certain level of bed coverage in order to be included in the AHAR?***

In order to be included in the first AHAR, a site must: 1) have an operational HMIS that meets a minimum threshold for bed coverage (at least 50 percent) for the entire three month period covered by the report; and 2) be able to produce reliable data based on the final HMIS data standards released on July 30, 2004.

By bed coverage, we mean the number of shelter beds offered by providers participating in the HMIS within the sample site divided by the total number of shelter beds in the sample site. For example, a sample site that has 30 beds in the HMIS out of 40 total beds in the sample site has a bed coverage of 75 percent (or  $30 \div 40$ ). To be included in the first AHAR, a sample site will need to achieve a minimum 50 percent bed coverage ratio for at least one of the following four categories:

1. Individuals beds in Emergency Shelters
2. Family beds in Emergency Shelters
3. Individual beds in Transitional Housing
4. Family beds in Transitional Housing.

Sample sites will be asked to complete the AHAR table shells even if the bed coverage is below the threshold for one or more of the four categories. Sample sites *will not* be dropped from the AHAR sample if they are unable to meet the bed coverage thresholds for any of the four categories. We anticipate that these sites will be providing data for subsequent AHARs.

### ***20. What steps will be taken to protect data submitted by sample sites?***

Upon request, the Abt/UPenn team will work with a participating site to develop a letter of understanding when client-level data is transmitted to the research team. The letter of understanding will describe the provisions for the protection of data, how the data will be used, and who will have access to the data. The letter of understanding will also comply with the privacy and security standards outlined in Chapter 4 of the proposed Notice, and more rigorous standards established locally will also be considered.

Both Abt Associates and the University of Pennsylvania have established track records in using and protecting sensitive client-level data. Abt Associates and UPenn have used housing, unemployment insurance, mental health, welfare, correctional, and other client-level databases in past research studies.

## **Technical Assistance to Communities Participating in the AHAR Research Project and Other Information**

### ***21. What kind of technical assistance is available to sample sites?***

There are two types of technical assistance available to sample sites. First, the Abt/UPenn team offers research-related assistance specific to the production of good quality data. Staff from the research team



can help with data quality issues, producing an unduplicated count of homeless persons, applying appropriate extrapolation methods, and generating the AHAR report.

Second, The QED Group, LLC provides training and technical assistance to communities implementing HMIS through their National HMIS TA Initiative. The National HMIS TA Initiative provides communities with resources and information on a variety of HMIS implementation, operation and technical issues. Technical assistance may be delivered remotely (via phone or email) or through on-site engagements as resources allow. Community representatives have the opportunity to ask specific HMIS questions and request assistance through the E-request feature on [www.hmis.info](http://www.hmis.info).

***22. How can I get more information about the AHAR research project or the availability of technical assistance?***

For more information on the AHAR research project, please contact:

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**Table 1: List of 80 Communities Participating in the Annual Homeless Assessment Report**

STATE	SAMPLE SITE	CoC
AZ	FLAGSTAFF	Rural Arizona CoC
AZ	PHOENIX	Maricopa CoC
CA	FRESNO	Fresno/Madera CoC
CA	LOS ANGELES	County of Los Angeles, Ca
CA	LOS ANGELES COUNTY	County of Los Angeles, Ca
CA	MARIN COUNTY	Marin County
CA	MISSION VIEJO	County of Orange, Ca
CA	MODESTO	Stanislaus County Housing & Support Services Collaborative
CA	MORENO VALLEY	County of Riverside
CA	PASADENA	Pasadena Community Development Commission
CA	PICO RIVERA	County of Los Angeles, Ca
CA	SAN DIEGO	City of San Diego Consortium
CA	SAN FRANCISCO	City and County of San Francisco
CA	SEASIDE	County of Monterey
CO	ADAMS COUNTY	The Metropolitan Denver Homeless Initiative
CO	CROWLEY COUNTY	State of Colorado
CT	HARTFORD	Hartford CoC
CT	STRATFORD	Bridgeport CoC
DC	WASHINGTON	District of Columbia Homeless Services
DE	WILMINGTON	CoC Delaware
FL	DELTONA	Volusia County CoC
FL	MARION COUNTY	Ocala/Marion County CoC
FL	POLK COUNTY	Polk/Hardee/Highlands County CoC
FL	SARASOTA	Sarasota/Mantee CoC
GA	ATLANTA	Atlanta Tri- Jurisdictional
GA	AUGUSTA-RICHMOND	Augusta-Richmond County
GA	MACON COUNTY	Georgia CoC
GA	OCONEE COUNTY	Georgia CoC
IL	CHICAGO	Chicago CoC
IL	COOK COUNTY	Cook County CoC
KY	HARDIN COUNTY	Commonwealth of Kentucky CoC
LA	BOSSIER CITY	Northwest Louisiana
LA	SLIDELL	Slidell/Livingston/St. Helena
MA	ATTLEBORO	Greater Attleboro and Taunton CoC
MA	BOSTON	City of Boston
MA	LAWRENCE	City of Lawrence CoC
MD	MONTGOMERY COUNTY	Montgomery County, Maryland
MI	DETROIT	City of Detroit CoC
MI	FARMINGTON HILLS	Oakland County CoC
MI	LANSING	Lansing, East Lansing/Ingham County CoC



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STATE	SAMPLE SITE	CoC
MI	MACOMB COUNTY	Macomb County CoC
MI	WASHTENAW COUNTY	Washtenaw County/Ann Arbor CoC
MN	HENNEPIN COUNTY	Minneapolis/Hennepin County CoC
MN	MOORHEAD	West Central Minnesota CoC
MN	NORMAN COUNTY	Northwest Minnesota CoC
MN	ROCHESTER	Southeast/South Central Minnesota Regional CoC
MN	ST PAUL	St. Paul/Ramsey County CoC
MN	WASHINGTON COUNTY	Washington County CoC
MS	HATTIESBURG	Mississippi Balance of State CoC
MS	HUMPHREYS COUNTY	Mississippi Balance of State CoC
MT	BILLINGS	State of Montana CoC
MT	GREAT FALLS	State of Montana CoC
NE	COUNCIL BLUFFS	City of Omaha
NJ	BERGEN COUNTY	Bergen County
NJ	BRICK TOWNSHIP	Ocean County CoC
NJ	CAMDEN	Camden City/Camden County
NV	CLARK COUNTY	Southern Nevada CoC
NY	ELMIRA	Chemung County CoC
NY	ISLIP TOWN	Suffolk County CoC Group
NY	NEW YORK CITY	New York City Coalition/CoC
NY	ONONDAGA COUNTY	Syracuse/Clay/Onondaga County CoC
OH	CLEVELAND	Cuyahoga County/Cleveland CoC
OH	LANCASTER	Ohio Balance of State
OH	PUTNAM COUNTY	Ohio Balance of State
OH	SPRINGFIELD	Ohio Balance of State
OK	MIDWEST CITY	State of Oklahoma
PA	LYCOMING COUNTY	Central-Harrisburg Region of Pennsylvania
PA	PHILADELPHIA	City of Philadelphia
PA	SNYDER COUNTY	Central-Harrisburg Region of Pennsylvania
PA	WESTMORELAND COUNTY	Westmoreland County
TX	DALLAS	Dallas Homeless CoC
TX	EL PASO	El Paso CoC
TX	HOUSTON	Houston/Harris County
VA	CHESTERFIELD COUNTY	Richmond CoC
VA	PORTSMOUTH	Portsmouth CoC
VT	CHITTENDEN COUNTY	Chittenden County
WA	ADAMS COUNTY	State of Washington CoC
WA	SEATTLE	Seattle-King County CoC
WA	SKAGIT COUNTY	State of Washington CoC
WI	FOREST COUNTY	State of Wisconsin CoC



**Table 2: Participants on the HMIS Expert Panel**

	Name	Organization
<b><i>Local Practitioners/Experts</i></b>		
1	Jaqueline Brown	Atlanta Children's Shelter
2	Gloria Townsend	City of Baltimore Department of Housing & Community Development
3	Matthew Berg	City of Philadelphia Office of Emergency Shelter & Services
4	Barbara Ritter	City of Spokane Human Services
5	Brooke Spellman	Consultant
6	Julie Williams	Idaho Housing and Finance Association
7	Matt White	Matt White Consulting
8	Jill Berry	New York City Department of Homeless Services
9	Martha Are	North Carolina Coalition to End Homelessness
10	Tedd Kelleher	State of Washington Office of Community Development
11	Michelle Hayes	University of Massachusetts - McCormack Institute
12	Oscar Gutierrez	University of Massachusetts - McCormack Institute
13	Julie Hovden	Wisconsin State Division of Housing & Intergovernmental Relations
<b><i>National Advocates</i></b>		
14	Nan Roman	National Alliance to End Homelessness
15	Donald Whitehead	National Coalition for the Homeless
16	Lyn Rosenthal	National Network to End Domestic Violence
<b><i>U.S. Government Representatives</i></b>		
17	Peter H. Dougherty	U.S. Department of Veterans Affairs
18	Allen Taylor	U.S. Department of Veterans Affairs
19	Annetta C. Smith	U.S. Census Bureau
20	Fay Nash	U.S. Census Bureau
21	Jean Hochron	U.S. Department of HHS
22	John Fanning	U.S. Department of HHS
23	Stan Chappell	U.S. Department of HHS - Family and Youth Services Program
24	Fran Randolph	U.S. Department of HHS - Homeless Programs Branch
25	Patricia Carlile	U.S. Department of HUD - CPD
26	John Garrity	U.S. Department of HUD - CPD
27	Marty Horwath	U.S. Department of HUD - CPD
28	Mark Johnston	U.S. Department of HUD - CPD
29	Michael Roanhouse	U.S. Department of HUD - CPD
30	David Vos	U.S. Department of HUD - HOPWA
31	Paul Dornan	U.S. Department of HUD - PD&R
32	Rob Wilson	U.S. Department of Labor
33	Carol Coleman	U.S. FEMA
34	Philip Mangano	U.S. Interagency Council on the Homeless
35	F. Stevens Redburn	U.S. Office of Management & Budget
36	Robert Rosenheck	Veterans Affairs NE Program Evaluation Center / Yale University
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